Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING: 01 B. WING _ FCL032133 11/10/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

6 JUA VALLEY

SPRING VALLEY LIVING 6 JUA VALLEY DURHAM, NC 27707				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XIS) COMPLETE DATE
C 000	Initial Comments	C 000		
	Report by Paul Dixon			
	DHSR Construction Section conducted a Biennial Survey on November 10, 2015 from 12:30 PM to 1:55 PM at the above referenced facility. DHSR records indicate the home was first licensed on July 20, 2011 as a Family Care Home for four (4) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes.		FEB 1.8 2016	
	At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:			
C 153	Houskeeping And Furnishings-Clean, Repaired	C 153		
	SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes.			
	This Rule is not met as evidenced by: Observations during the survey showed that there are 2 stress or settling fractures in the drywall of the home. One in the ceiling of the living room and one on the wall outside the front bedroom. Have the cracks evaluated by a qualified		C. F. F. F.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

If continuation sheet 1 of 4

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING: 01 B. WING 11/10/2015 FCL032133 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6 JUA VALLEY SPRING VALLEY LIVING DURHAM, NC 27707 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Home built by owner Stress Gracks evaluated, C 153 C 153 Continued From page 1 individual and make all needed repairs. Paint the areas to match surroundings. Provide the DHSR and is not a structured Construction section with copies of all invoices, Freeman Ledbetter 291.686 work orders, receipts, photographs and any other supporting documentation concerning this repair. C 174 C 174 Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: \$1) Exhaust for cleaned of free of dust and but expective 11/10/15 Observations during the survey showed that the exhaust fan cover in the hall bathroom was clogged with dust and lint. Have the cover cleaned to ensure an unobstructed air flow. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair. Observations during the survey showed that the Kitchen range hood grease filter is dirty. on Kitchen range nood screen & dut. beeg 11/14/2015 Clean or replace the grease filter. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair. Observations during the survey showed that the smoke detectors in the 2 rear bedrooms were

missing their batteries. Install new batteries in

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 11/10/2015 FCL032133 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6 JUA VALLEY SPRING VALLEY LIVING DURHAM, NC 27707 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 174 C 174 Continued From page 2 the smoke detectors. Provide the DHSR #Batteres Replaced in Construction section with copies of all invoices, all smoke detectors effective on 11/10/15 work orders, receipts, photographs and any other supporting documentation concerning this repair. Observations during the survey showed that the smoke detector in the double bedroom had come loose from it's mount and was hanging by Replaced with a new the wires. Have the smoke detector re-secured Smoke detector & free in its mount. Provide the DHSR Construction section with copies of all invoices, work orders, wires hanging by receipts, photographs and any other supporting documentation concerning this repair. home owner effective on 11/14/15 5. Observations during the survey showed that there is clothing and lint behind the clothes dryer. Remove all clothing and clean from behind the dryer to prevent a fire hazard. Provide the DHSR 5) Dryer cleaned of Gree of Clothes, lints & dust. Went hood Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair. Observations during the survey showed that Realtached effective the Fire Extinguishers in the facility have an inspection tag dated June 2014. Take the fire extinguishers to an authorized fire equipment company and have them inspected and re-tagged. Provide the DHSR Construction #6) Fire extenjushers section with copies of all involces, work orders, receipts, photographs and any other supporting was taken to obvient's to be re-tagged of unspected expective documentation concerning this repair. C 177 C 177 Building Service Equipment-Hot Water SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (d) The hot water tank shall be of such size to

provide an adequate supply of hot water to the

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PRINTED: 01/29/2016 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL032133 11/10/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6 JUA VALLEY SPRING VALLEY LIVING DURHAM, NC 27707 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 177 | Continued From page 3 C 177 kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (j) This Rule shall apply to new and existing family care homes. that water turned down This Rule is not met as evidenced by: Observations during the survey showed that the hot water temperature measured at the kitchen on 11/10/15 and bathroom sinks was 120 degrees F. Adjust the hot water heater controls so that the temperature falls between 100 and 116 degrees porred down F. On the attached log, record the hot water 11/11/15 - temp 118 temperature 3 times a day for 3 consecutive days and return the log to DHSR along with your 11/12/15 - temp 116 signed Plan of Correction. 11/13/15 - temp 116 C 183 Outside Premises-Clean, Safe C 183 SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. C 183)
Deck pressured asshed
& cleaned from
milden in 11/11/15 This Rule is not met as evidenced by: Observations during the survey showed that the deck and ramp had a heavy mildew build-up and

this repair.

were wet and slippery. Have the decking boards cleaned to remove the mildew. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning

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